

Foster Family Home - Corrective Action Report

Provider ID: 1-120015

Home Name: Mona Nicolas, CNA

Review ID: 1-120015-10

94-174 Kupuna Loop

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/29/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

CCFFH recertification inspection for a 3 person CCFFH completed.

Home is in compliance with all requirements. Home will receive a 3 bed certification.

Maribel Nakamine, RN
Compliance Manager

10/29/2020
Date

Mona D. Nicolas
Primary Care Giver

10/29/2020
Date